

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-212603**

Date Filed  
**January 8, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>DirectSat USA</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>144 Iron Horse Dr, Charleston, WV 25133</b>	
3a. Employer Representative - Name and Title <b>Cory Jones General Manager</b>		3b. Address (If same as 2b -- state same) <b>SAME</b>	
3c. Tel. No.	3d. Cell No. <b>8144506397</b>	3e. Fax No.	3f. E-Mail Address <b>cejones@directsatusa.net</b>

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Service Provider</b>	4b. Principal product or service <b>Satellite television and internet installation.</b>	5a. City and State where unit is located. <b>Charleston, WV</b>
5b. Description of Unit Involved Included: <b>SEE ATTACHMENT</b>  Excluded: <b>SEE ATTACHMENT</b>		6a. No. of Employees in Unit: <b>45</b>  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state)  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_. If so, approximately how many employees are participating? \_\_\_\_\_.  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>NA</b>	11c. Election Time(s): <b>NA</b>	11d. Election Location(s): <b>NA</b>	

12a. Full Name of Petitioner (including local name and number) <b>ELECTRICAL WORKERS IBEW AFL-CIO LOCAL UNION 466</b>	12b. Address (street and number, city, state, and ZIP code) <b>800 Indiana Avenue, Charleston, WV 25302</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Electrical Workers**

12d. Tel No. <b>(304) 342-0800</b>	12e. Cell No.	12f. Fax No. <b>(304) 342-7716</b>	12g. E-Mail Address <b>joes@ibew466.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Dale McCray, Lead Organizer</b>		13b. Address (street and number, city, state, and ZIP code) <b>800 Indiana Avenue, Charleston, WV 25302</b>	
13c. Tel No.	13d. Cell No. <b>3048412140</b>	13e. Fax No. <b>(304) 342-7716</b>	13f. E-Mail Address <b>dale_mccray@ibew.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Dale McCray</b>	Signature 	Title <b>Lead Organizer</b>	Date <b>01/08/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

5b. Description of Unit Involved

Included: All full-time and regular part-time Warehouse and Installation/Service Technicians employed by the Employer at its facility located at 144 Iron Horse Dr, Charleston, WV 25133.

Excluded: All other employees, confidential employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-212733**

Date Filed  
**January 10, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Paragon Systems, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 13655 Dulles Technology Pkwy. Suite 100 VA Herndon 20171-	
<b>3a. Employer Representative - Name and Title</b> Laura Hagan		<b>3b. Address (if same as 2b - state same)</b> 13655 Dulles Technology Pkwy. Suite 100 VA Herndon 20171-	
<b>3c. Tel. No.</b> (865) 266-0383	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> lhagan@parasys.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services		<b>4b. Principal product or service</b> Contract Security Guard Services	
<b>4c. City and State where unit is located:</b> Charleston, WV			
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 44 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> The United States Court Security Officers			
<b>10a. Name</b> Daniel Hauschild Business Agent		<b>10b. Address</b> 35 Market St Ste 30 NY Poughkeepsie 12601-3214	
<b>10c. Tel. No.</b> (845) 486-4260		<b>10d. Cell No.</b> (646) 529-8024	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b> busagent@uscso.org	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> January 22-31, 2018		<b>11c. Election Time(s):</b> Via Mail	
<b>11d. Election Location(s):</b> Via mail			
<b>12a. Full Name of Petitioner (including local name and number)</b> John Kabakoy The Protection & Response Officers of America, Inc.		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1870 The Exchange SE Ste 100 GA Atlanta 30339-2021	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> The Protection & Response Officers of America, Inc.			
<b>12d. Tel No.</b> (888) 886-7762	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jkabakova@proaunion.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jacqueline Taylor General Counsel J. Taylor & Associates, LLC		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1870 The Exchange SE Ste 100 GA Atlanta 30339-2021	
<b>13c. Tel No.</b> (770) 951-7077	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> jaktaylor@bellsouth.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jacqueline Taylor	<b>Signature</b> Jacqueline Taylor	<b>Title</b> General Counsel	<b>Date</b> 01/9/2018 19:04:57

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RC-212733	Date Filed January 10, 2018

**Employees Included**

All Court Security Guards located in Federal Courthouses in the Southern District of West Virginia

**Employees Excluded**

Office, clerical, and professional employees, and supervisors, per the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

09-RC-214782

Date Filed

February 13, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Vertex Mechanical Insulation, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6256 Baymiller, Burlington, Kentucky 41005	
3a. Employer Representative - Name and Title Joseph Lahner		3b. Address (if same as 2b - state same) same	
3c. Tel. No. (859) 444-8080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@vertex-insulation.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Commercial Insulation	
5a. City and State where unit is located: Burlington, Kentucky 41005		6a. No. of Employees in Unit: 11	
6b. Description of Unit Involved Included: See attached Excluded:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name NONE		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11d. Election Location(s):	
11b. Election Date(s):		11c. Election Time(s):	

12a. Full Name of Petitioner (including local name and number) Heat & Frost Insulators & Allied Workers Local #8		12b. Address (street and number, city, state, and ZIP code) Suite 302, 2300 Montana Ave. Cincinnati, Ohio 45211	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Heat & Frost Insulators & Allied Workers			

12d. Tel No. 301-731-9101	12e. Cell No.	12f. Fax No. 301-731-5058	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Terry Burke, Business Manager		13b. Address (street and number, city, state, and ZIP code) Suite 302, 2300 Montana Ave. Cincinnati, Ohio 45211	
13c. Tel No. 513-221-5969	13d. Cell No. 513-768-2345	13e. Fax No. 513-221-5455	13f. E-Mail Address tburke8@fuse.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Terry Burke	Signature 	Title Business Manager	Date 2-12-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**ATTACHMENT TO RC PETITION  
Vertex Mechanical Insulation, LLC  
Heat & Frost Insulators & Allied Workers Local #8**

**5.6 Description of Unit Involved**

**Included:**

All employees engaged in the preparation, fabrication, alteration, application, erection, assembling, molding, spraying, pouring, mixing, hanging, adjusting, repairing, dismantling, removing, reconditioning, maintenance, sealing, finishing and/or weather proofing of cold or hot thermal insulation with such materials as may be specified when these materials are to be installed for thermal purposes in voids, or to create voids, or on either piping, fittings, valves, boiler, ducts, flues, tanks, vats, equipment or on any hot or cold surfaces for the purpose of thermal control; including the handling and distribution of thermal insulating materials on job premises, asbestos removal, and the erection of scaffolding on job premises.

**Excluded:**

Office employees, administrative employees, guards, supervisors, and all other employees.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-216408

Date Filed  
March 12, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mulzer Crushed Stone, Inc. and/or Old Castle Materials		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 534 Mozart St., Tell City, Indiana 47586	
3a. Employer Representative - Name and Title Kenneth Mulzer (supervisor) - Jim Bowman (supervisor)		3b. Address (If same as 2b - state same) 15602 Charlestown/Bethlehem Rd., Charlestown, IN 47111	
3c. Tel. No. 812-256-3346	3d. Cell No.	3e. Fax No. 812-256-3347	3f. E-Mail Address jim.bowman@mulzer.com /
4a. Type of Establishment (Factory, mine, wholesaler, etc.) quarry		4b. Principal product or service quarry	5a. City and State where unit is located: Charlestown, Indiana

5b. Description of Unit Involved Included: all full time and regular part time production, maintenance, and scale house employees employed at 15602 Charlestown/Bethlehem Rd., Charlestown, IN 47111 Excluded: office clerks, professionals, guards, and supervisors as defined by the Act		6a. No. of Employees in Unit: 37	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) March 12, 2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **No reply received**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 26, 2018	11c. Election Time(s): am	11d. Election Location(s): employer's Charlestown/Bethlehem Rd. location
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 181	12b. Address (street and number, city, state, and ZIP code) 700 N. Elm Street, Henderson, KY 42420
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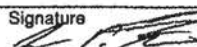
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
International Union of Operating Engineers, AFL-CIO

12d. Tel No. 270-826-2704	12e. Cell No.	12f. Fax No. 270-827-2014	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title James P. Faul attorney at Hartnett Gladney Hetterman, LLC		13b. Address (street and number, city, state, and ZIP code) 4399 Laclede Ave., St. Louis, Missouri 63108	
13c. Tel No. 314-531-1054	13d. Cell No.	13e. Fax No. 314-531-1131	13f. E-Mail Address jfaul@hghllc.net / jhartenett@hghllc.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) James P. Faul	Signature 	Title attorney	Date March 12, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

09-RC-217330

Date Filed

March 28, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

**3a. Employer Representative - Name and Title**  
Chris Herzberg - General Manager

**3b. Address (If same as 2b - state same)**  
SAME

**3c. E-Mail Address**  
chris.herzberg@atlanticaviation.com

**3c. Tel. No.**  
502-368-1515

**3d. Cell No.**  
215-409-0313

**3e. Fax No.**  
502-368-1506

**3f. E-Mail Address**  
ABOVE

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
FBO SERVICE

**4b. Principal product or service**  
SERVICE PRIVATE/COMM AIRCRAFT

**5a. City and State where unit is located:**  
LOUISVILLE, KY

**5b. Description of Unit Involved**  
Included: CUSTOMER SERVICE REPRESENTATIVES

Excluded: ALL OTHER ATLANTIC EMPLOYEES

**5a. No. of Employees in Unit:**

**5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



**7a. Request for recognition as Bargaining Representative was made on (Date)** 3/23/18 **and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state).



**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

**11c. Election Time(s):**

**11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number)**

General Drivers, Warehousemen & Helpers Teamsters #89

**12b. Address (street and number, city, state, and ZIP code)**  
3813 Taylor Blvd, LOU KY 40215

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel. No.**  
502-368-5885

**12e. Cell No.**  
502-639-6179

**12f. Fax No.**  
502-366-2009

**12g. E-Mail Address**  
Kevin.evans89@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Kevin Evans

**13b. Address (street and number, city, state, and ZIP code)**  
3813 Taylor Blvd. Lou, KY 40215

**13c. Tel. No.**  
502-368-5885

**13d. Cell No.**  
502-639-6179

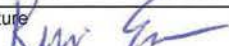
**13e. Fax No.**  
502-366-2009

**13f. E-Mail Address**  
kevin.evans89@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Kevin Evans

**Signature**



**Title**  
Trustee/B.A.

**Date**

3-26-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-217738

Date Filed  
April 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer DHL Supply Chain		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6290 Opus Drive, Groveport, OH 43125	
3a. Employer Representative - Name and Title William McCauley		3b. Address (If same as 2b - state same) 6290 Opus Drive, Groveport, OH 43125	
3c. Tel. No. 614-491-8694	3d. Cell No.	3e. Fax No.	3f. E-Mail Address william.mccauley@dhl.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Delivery Service		4b. Principal product or service package delivery	
5b. Description of Unit Involved Included: Drivers Excluded: All office, clerical, supervisors and professional employees as defined in the Act, as amended		5a. City and State where unit is located: Groveport, Ohio	
		6a. No. of Employees in Unit: 17	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 04/03/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). pending  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name none	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (Including local name and number) Teamsters Local Union 413		12b. Address (street and number, city, state, and ZIP code) 555 East Rich Street, Columbus, OH 43215

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
International Brotherhood of Teamsters

12d. Tel No. 614-228-6492	12e. Cell No.	12f. Fax No. 614-228-3933	12g. E-Mail Address local413@teamsters413.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bud Raver, Organizer		13b. Address (street and number, city, state, and ZIP code) 555 East Rich Street, Columbus, OH 43215	
13c. Tel No. 614-228-6492, ex 12	13d. Cell No. 614-425-4366	13e. Fax No. 614-228-3933	13f. E-Mail Address bud.raver@teamsters413.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Wilson "Bud" Raver	Signature 	Title Organizer	Date 04/03/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-217845**

Date Filed  
**April 5, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**HG Medical USA, LLC**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**810 Memorial Boulevard, Huntington, WV 25701-7002**

3a. Employer Representative - Name and Title  
**Brent Fuls, VP/COO**

3b. Address (if same as 2b - state same)  
**Same**

3c. Tel. No.  
**304-522-4883**

3d. Cell No.  
**330-407-5723**

3e. Fax No.  
**304-522-0037**

3f. E-Mail Address  
**Bfuls@darconinternational.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**Factory**

4b. Principal product or service  
**Medical Screws & Plates**

5e. City and State where unit is located:  
**Same**

5b. Description of Unit Involved  
**Included: Turning Mill Machinists and QA**

6a. No. of Employees in Unit:  
**27**

**Excluded: Office Clerical, professional, managerial, guards and supervisors as defined in the Act.**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (if no reply received, so state). **Petition Serves as Demand for Rec**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
**ASAP**

11c. Election Time(s):  
**TBD**

11d. Election Location(s):  
**Employer's Conference Room**

12a. Full Name of Petitioner (including local name and number)

**International Association of Machinists and Aerospace Workers, District Lodge 54**

12b. Address (street and number, city, state, and ZIP code)  
**2625 Winchester Pike, Columbus, Ohio 43232**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

**International Association of Machinists and Aerospace Workers, AFL/CIO**

12d. Tel No.  
**216-262-7248**

12e. Cell No.  
**330-407-5723**

12f. Fax No.  
**614-239-0415**

12g. E-Mail Address  
**drukens@dl54.com**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**Duane Lukens, ADBR**

13b. Address (street and number, city, state, and ZIP code)  
**2625 Winchester Pike, Columbus, Ohio 43232**

13c. Tel No.  
**216-262-7248**

13d. Cell No.  
**330-407-5723**

13e. Fax No.  
**614-239-0415**

13f. E-Mail Address  
**drukens@dl54.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**William Rudis**

Signature  


Title  
**Grand Lodge Representative**

Date  
**April 5, 2018**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.




UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>09-RC-218071</b>	Date Filed <b>APRIL 9, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Concept Imaging Group (Innomark)</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>3005 W. Tech Blvd., Miamisburg, OH 45342</b>	
3a. Employer Representative - Name and Title <b>Mark Long/Plant Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>937-293-255</b>	3d. Cell No. <b>937-609-8984</b>	3e. Fax No.	3f. E-Mail Address <b>longm@innomarkcom.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Print Facility</b>		4b. Principal product or service <b>Retail Signage</b>	
5b. Description of Unit Involved <b>Included: Press Operators, I-Cut Operators, Shipping &amp; Receiving Clerks, Pre-flight Employees, Kit Pack Employees, Pre-Press Techs, Material Handlers, Seamstress Employees, and Platemakers.</b> <b>Excluded: Planners, CSR Reps, Managerial Employees as defined in the Act, Temporary Employees, Quality Control, Schedulers, IT Employees, Maintenance Employees, Security Guards, and all others.</b>		5a. City and State where unit is located: <b>Miamisburg, OH</b>	
		6a. No. of Employees in Unit: <b>43</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>No</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>April 23, 2018</b>	11c. Election Time(s): <b>6:15 AM - 7:15 AM &amp; 2:30 PM - 3:30 PM</b>		11d. Election Location(s): <b>2nd Floor "Orange" Conference Room</b>
12a. Full Name of Petitioner (including local name and number) <b>GCC/IBT Local 508M of District Council 3</b>		12b. Address (street and number, city, state, and ZIP code) <b>2351 West McMicken Avenue, Cincinnati, Ohio 45214</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Brotherhood of Teamsters</b>			
12d. Tel. No. <b>513-621-3974</b>	12e. Cell No. <b>502-593-6750</b>	12f. Fax No. <b>513-621-5283</b>	12g. E-Mail Address <b>dc3icastro@gmail.com</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Israel Catro/DC3 President</b>		13b. Address (street and number, city, state, and ZIP code) <b>2351 West McMicken Avenue, Cincinnati, Ohio 45214</b>	
13c. Tel. No. <b>513-621-3974</b>	13d. Cell No. <b>502-593-6750</b>	13e. Fax No. <b>513-621-5283</b>	13f. E-Mail Address <b>dc3icastro@gmail.com</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Israel Castro</b>	Signature 	Title <b>President</b>	Date <b>April 9, 2018</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>09-RC-219179</b>	Date Filed <b>April 27, 2018</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> West Virginia American Water Co.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) See attached sheet	
<b>3a. Employer Representative - Name and Title</b> Brian Bruce		<b>3b. Address</b> (If same as 2b - state same) 1600 Pennsylvania Avenue, Charleston, WV 25302	
<b>3c. Tel. No.</b> 304-353-6300	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Brian.Bruce@amwater.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Public Utility		<b>4b. Principal product or service</b> Water	
<b>5a. City and State where unit is located:</b> WV-see attached sheet			

**5b. Description of Unit Involved**  
**Included:** All production, maintenance and clerical employees at the locations on page 2  
**Excluded:** all confidential secretaries, supervisors, guards and executives

**6a. No. of Employees in Unit:**  
44  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 03-19-2018 and Employer declined recognition on or about 03-22-18 (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). Utility Workers Union of America, System Local 537		<b>8b. Address</b> 1300 L St. NW, Suite 1200 Washington DC 20005	
<b>8c. Tel No.</b> 201-446-5085	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> john.duffy@uwua.net
<b>8g. Affiliation, if any</b> Utility Workers Union of America, AFL-CIO		<b>8h. Date of Recognition or Certification</b> Over 40 years ago	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 04-15-2018	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> May 30, 2018	<b>11c. Election Time(s):</b> 6:30-8:30 AM and 3:30-4:30 PM	<b>11d. Election Location(s):</b> work locations on page 2
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<b>12a. Full Name of Petitioner (including local name and number)</b> Utility Workers United Association, Local 537	<b>12b. Address (street and number, city, state, and ZIP code)</b> 535 Smithfield Street, Suite 300, Pittsburgh, PA 15222
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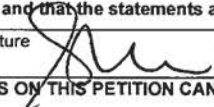
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
None

<b>12d. Tel No.</b> 412-355-0200	<b>12e. Cell No.</b> 412-606-2041	<b>12f. Fax No.</b> 412-261-6221	<b>12g. E-Mail Address</b> sjp@sgkpc.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Samuel J. Pasquarelli, attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 535 Smithfield St., Suite 300, Pittsburgh, PA 15222	
<b>13c. Tel No.</b> 412-355-0200	<b>13d. Cell No.</b> 412-606-2041	<b>13e. Fax No.</b> 412-261-6221	<b>13f. E-Mail Address</b> sjp@sgkpc.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Samuel J. Pasquarelli	<b>Signature</b> 	<b>Title</b> Attorney, Utility Workers United Association, Local 537	<b>Date</b> April 26, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



West Virginia American Water Company  
4002 Ohio River Road  
Huntington, WV 25702

West Virginia American Water Company  
24<sup>th</sup> Street and Ohio River  
Huntington, WV 25703

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-219203

Date Filed  
April 27, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sugar Creek		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12021 Sheraton Lane, Cincinnati, Ohio 45246	
3a. Employer Representative - Name and Title Peter E. Tamborski		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 513-551-5280	3d. Cell No.	3e. Fax No. 740-636-3932	3f. E-Mail Address SugarCreek@aol.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Packaging Facility (SCPC)		4b. Principal product or service meat processing	5a. City and State where unit is located: Fairfield and Hamilton Ohio
5b. Description of Unit Involved Included: Refrigeration Technician  Excluded: All Others			6a. No. of Employees in Unit: 3  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/16/2018 and Employer declined recognition on or about 4/17/2018 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): ASAP 5-16-2018	11c. Election Time(s): 12:00 - 1:00	11d. Election Location(s): EMPLOYER FACILITY
12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 20		12b. Address (street and number, city, state, and ZIP code) 1150 W. Eighth Street, Suite 205, Cincinnati, Ohio 45203

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

12d. Tel. No. 513-671 513-751 1671	12e. Cell No. 513-673-1321	12f. Fax No.	12g. E-Mail Address bill@uioe20.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Robert Mitchell, attorney		13b. Address (street and number, city, state, and ZIP code) 250 E. 5th Street, 15th floor, Cincinnati, Ohio 45202	
13c. Tel. No. 513-562-1553	13d. Cell No. 513-476-6330	13e. Fax No. 513-766-7426	13f. E-Mail Address robertmitchell@robertmitchell-law.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William Huesman	Signature <i>William Huesman</i>	Title President-Local 20	Date 4-26-2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-220537	Date Filed MAY 21, 2018
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Athena Services International		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 203 Allison Blvd, Corbin, KY 40701	
3a. Employer Representative - Name and Title Alisha Silverman, President		3b. Address (If same as 2b - state same) 4905 Del Ray Ave #402, Bethesda, MD 20814	
3c. Tel. No. 301-547-3131	3d. Cell No.	3e. Fax No. 301-841-8144	3f. E-Mail Address security@athena-si.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY		4b. Principal product or service SECURITY	
5b. Description of Unit Involved <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURIY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ATHENA SERVICES INTERNATIONAL @ 203 ALLISON BLVD., CORBIN, KY 40701. <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.		5a. City and State where unit is located: Corbin, KY	
		6a. No. of Employees in Unit: 5	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NONE**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**NONE**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 6/11/18	11c. Election Time(s): 5-6 AM & 1:30- 2:30 PM	11d. Election Location(s): Holiday Inn Express
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12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

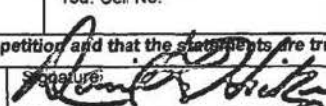
12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David L. Hickey	Signature 	Title International President	Date 5/18/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings and litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-220731

Date Filed  
May 23, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer EQT Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 EQT Way, Pikeville, KY, 41501	
3a. Employer Representative - Name and Title Roy Justice (Employee Relations Specialist)		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (606)-433-2926	3d. Cell No. (606)-791-2081	3e. Fax No.	3f. E-Mail Address RJustice@eqt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil and Gas production facility		4b. Principal product or service Produce Oil and Natural Gas	
5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time production specialists and lead and senior production specialists, production operators, lead production operators, pipeline operators, lead pipeline operators, welders, senior welders, measurement techs 1, 2, and 3 and lead and senior measurement techs, corrosion techs, lead corrosion techs, equipment operators and lead equipment operators based out of its Pikeville, KY operations <b>Excluded:</b> all other employees including all compressor and instrument techs and specialists, warehouse employees, office clerical and professional employees, guards and supervisors as defined in the Act		5a. City and State where unit is located: Pikeville, KY 6a. No. of Employees in Unit: Approximately 100 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by petition</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>no</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 6/12/18 - 6/25/18	11c. Election Time(s): by mail	11d. Election Location(s): Main Break Room	
12a. Full Name of Petitioner (Including local name and number) United Steelworkers		12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC			
12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzollilo@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Brad Manzollilo, USW Organizing Counsel		13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222	
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzollilo@usw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brad Manzollilo	Signature 	Title Organizing Counsel	Date 5/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-221692**

Date Filed  
**June 8, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Tri-State Enterprise		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1305 Argillite Rd KY Flatwoods 41139-1102	
<b>3a. Employer Representative - Name and Title</b> Mike Wheeler		<b>3b. Address</b> (If same as 2b - state same) 1305 Argillite Rd KY Flatwoods 41139-1102	
<b>3c. Tel. No.</b> (606) 831-2960	<b>3d. Cell No.</b> (606) 232-0350	<b>3e. Fax No.</b> (606) 833-2457	<b>3f. E-Mail Address</b> tse@tristateenterprise.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Construction Services		<b>4b. Principal product or service</b> Plumbing and other services	
<b>5a. City and State where unit is located:</b> Flatwoods, KY		<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	
<b>6a. No. of Employees in Unit:</b> 8		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 05/18/2018 and Employer declined recognition on or about 05/30/2018 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):** 6/28/18  
**11c. Election Time(s):** 6:30am to 7:30am  
**11d. Election Location(s):** Tri-State shop

**12a. Full Name of Petitioner (including local name and number)**  
Paul Williamson  
Plumbers and Steamfitters Local 248  
**12b. Address (street and number, city, state, and ZIP code)**  
PO Box 1687  
KY Richmond 40476-1687  
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of The United States and Canada

<b>12d. Tel No.</b> (859) 358-9024	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (606) 324-8401	<b>12g. E-Mail Address</b> williamsonpaul@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title**  
Francis Martorana Attorney  
O'donoghue and O'donoghue LLP  
**13b. Address (street and number, city, state, and ZIP code)**  
5301 Wisconsin Ave. NW Suite 800  
DC Washinton D.C. 20015-  
**13c. Tel No.**  
(202) 362-0041  
**13d. Cell No.**  
**13e. Fax No.**  
(202) 362-2640  
**13f. E-Mail Address**  
fmartorana@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Paul Williamson	<b>Signature</b> Paul Williamson	<b>Title</b>	<b>Date</b> 06/8/2018 11:00:49

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included  
All Plumbers and Plumbers Helpers

Employees Excluded  
all other employees

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-221692	June 8, 2018

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-223217Date Filed  
7-5-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Elliot Supply & Glass, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 55 Industrial Blvd. Pikeville, KY 41501	
<b>3a. Employer Representative - Name and Title:</b> Dick Jarvis, President		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 606-437-7368	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 606-432-0080	<b>3f. E-Mail Address</b> info@elliottcompanies.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Contractor		<b>4b. Principal Product or Service</b> Glass Installer	<b>5a. City and State where unit is located:</b> Pikeville, KY
<b>5b. Description of Unit Involved:</b> Included: Glaziers Excluded: all other employees			<b>5a. Number of Employees in Unit:</b> 11 <b>5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> August 7, 2018		<b>11c. Election Time(s):</b> 10:00 a.m.	<b>11d. Election Location(s):</b> Employer's address above
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Painters and Allied Trades, District Council 53		<b>12b. Address (street and number, city, State and ZIP code):</b> 1591 Washington Street E. Charleston, WV 25311	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Painters and Allied Trades			
<b>12d. Tel. No.</b> 304-343-8250	<b>12e. Cell No.</b> 304-483-0419	<b>12f. Fax No.</b> 304-343-8260	<b>12g. E-Mail Address</b> dpoling@iupatdc53.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> John F. Dascoli, General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> John F. Dascoli, PLLC 2442 Kanawha Blvd. E., Charleston, WV 25311	
<b>13c. Tel. No.</b> 304-720-8684	<b>13d. Cell No.</b> 304-552-1764	<b>13e. Fax No.</b> 304-342-3651	<b>13f. E-Mail Address</b> johnfdascoli@hotmail.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> John F. Dascoli		<b>Signature</b> s/John F. Dascoli	<b>Title</b> General Counsel <b>Date</b> 07/05/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
09-RC-223242

Date Filed  
JULY 6, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>LOCKHEED MARTIN</b>		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) <b>5749 BRIAR HILL RD., LEXINGTON, KY 40516</b>	
3a. Employer Representative - Name and Title <b>ANGELA LENNON - MULTI FUNC. HR SR. MANAGER</b>		3b. Address (if same as 2b - state same) <b>(SAME AS ABOVE)</b>	
3c. Tel. No. <b>859-566-4332</b>	3d. Cell No.	3e. Fax No.	3d. E-Mail Address <b>ANGELA.LENNON.CTR@SOFSA.MIL</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>MACHINE SHOP</b>		4b. Principal product or service <b>MACHINING PARTS FOR MILITARY EQUIPMENT</b>	
4c. City and State where unit is located: <b>LEXINGTON, KY</b>			

5b. Description of Unit Involved  
Included:  
**ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE ALL TOOL & DIE AND ALL MACHINE TOOL SET UP OPERATORS WORKING AT LOCKHEED MARTIN IN LEXINGTON, KY.**  
Excluded:  
**OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.**

5a. No. of Employees in Unit:  
**45**  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about (date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>NONE</b>		8b. Address <b>N/A</b>	
8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
8g. Affiliation, if any <b>N/A</b>		8h. Date of Recognition or Certification <b>N/A</b>	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) **NONE**

10a. Name <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>07/31/2018</b>	11c. Election Time(s): <b>3:00 PM - 5:00 PM</b>	11d. Election Location(s): <b>WAR ROOM BUILDING 3 - 5749 BRIAR HILL RD. LEXINGTON, KY 40516</b>
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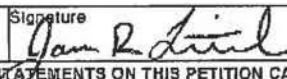
12a. Full Name of Petitioner (including local name and number)  
**IAMAW, AFL-CIO**

12b. Address (street and number, city, state, and ZIP code)  
**690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO**

12d. Tel. No. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE</b>		13b. Address (street and number, city, state, and ZIP code) <b>890 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>	
13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.ORG</b>

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>07/06/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-224642**

Date Filed  
**August 1, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> DIAGEO /BULLEIT DISTILLING COMPANY		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3900 Benson Pike KY Shelbyville 40065-4006	
<b>3a. Employer Representative - Name and Title</b> JESSICA CHEN		<b>3b. Address (If same as 2b - state same)</b> 3900 Benson Pike KY Shelbyville 40065-4006	
<b>3c. Tel. No.</b> (502) 647-5760	<b>3d. Cell No.</b> (708) 790-5175	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Jessica.m.chen@diageo.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Beverages (Alcoholic)		<b>4b. Principal product or service</b> BOURBON	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Shelbyville, KY	
		<b>6a. No. of Employees in Unit:</b> 18	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/31/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 8-17-18	<b>11c. Election Time(s):</b> 1PM-4PM AND 7AM -8AM	<b>11d. Election Location(s):</b> PLANT BREAK ROOM	

**12a. Full Name of Petitioner (including local name and number)**  
ANTHONY TRACY  
UFCW Local 380

**12b. Address (street and number, city, state, and ZIP code)**  
4374 Switzer Rd  
KY Frankfort 40601-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION

<b>12d. Tel No.</b> (859) 322-8191	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (859) 282-0809	<b>12g. E-Mail Address</b> JTRACY@UFCW.ORG
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> ANTHONY TRACY	<b>Signature</b> ANTHONY TRACY	<b>Title</b> ORGANIZER	<b>Date</b> 07/31/2018 15:25:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RC-224642	Date Filed August 1, 2018

Employees Included

ALL REGULAR FULLTIME HOURLY DISTILLERY, MAINTENANCE AND  
WAREHOUSE EMPLOYEES

Employees Excluded

ALL SALARIED EMPLOYEES , ALL SUPERVISORS, CLERICAL, TEAM LEADS ,  
QUALITY ASSURANCE AND CONFIDENTIAL EMPLOYEES

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


09-RC-224752

Date Filed

8-1-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Delaco Kasle Processing Indiana		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5146 Maritime Rd. Jeffersonville, IN	
<b>3a. Employer Representative - Name and Title:</b> Myron Henderson		<b>3b. Address (if same as 2b - state same):</b> Same as above	
<b>3c. Tel. No.</b> 812-280-8800	<b>3d. Cell No.</b> -	<b>3e. Fax No.</b> -	<b>3f. E-Mail Address</b> -
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory/Warehousing		<b>4b. Principal Product or Service</b> Auto Parts	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Operators, maintenance, packaging, receiving, inspectors and all other hourly positions <b>Excluded:</b> All salaried managerial and other salaried positions excluded by the NLRA		<b>5a. City and State where unit is located:</b> Jeffersonville, IN <b>6a. Number of Employees in Unit:</b> 62 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> -		<b>8b. Address:</b> -	
<b>8c. Tel. No.</b> -	<b>8d. Cell No.</b> -	<b>8e. Fax No.</b> -	<b>8f. E-Mail Address</b> -
<b>8g. Affiliation, if any:</b> -		<b>8h. Date of Recognition or Certification</b> - <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> -	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? 0 (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> -			
<b>10a. Name</b> -		<b>10b. Address</b> -	
<b>10c. Tel. No.</b> -		<b>10d. Cell No.</b> -	
<b>10e. Fax No.</b> -		<b>10f. E-Mail Address</b> -	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> August 16, 2018		<b>11c. Election Time(s):</b> 6:30-7:30 am/2:30-4:30pm	
<b>11d. Election Location(s):</b> Employer facility on Maritime Road			
<b>12a. Full Name of Petitioner (including local name and number):</b> General Drivers and Warehousemen, Teamsters Local 89		<b>12b. Address (street and number, city, State and ZIP code):</b> 3813 Taylor Blvd Louisville, KY 40215	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 502-368-5885	<b>12e. Cell No.</b> 502-439-0997	<b>12f. Fax No.</b> 502-366-2009	<b>12g. E-Mail Address</b> jdennis@teamsters89.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jay Dennis Assistant to the President Teamsters Local 89		<b>13b. Address (street and number, city, State and ZIP code):</b> 3813 Taylor Blvd Louisville, KY 40215	
<b>13c. Tel. No.</b> 502-368-5885	<b>13d. Cell No.</b> 502-439-0997	<b>13e. Fax No.</b> 502-366-2009	<b>13f. E-Mail Address</b> jdennis@teamsters89.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jay Dennis		<b>Signature</b> 	<b>Title</b> Assistant to the President
		<b>Date</b> 7-31-18 8-30-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

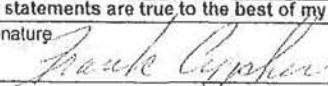
09-RC-225708

Date Filed

8-16-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Kinder Morgan		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3806 Kellogg Ave., Cincinnati, OH 45226	
<b>3a. Employer Representative - Name and Title:</b> James Malloy, Terminal Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (513)533-2053	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> james_malloy@kindermorgan.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Terminal		<b>4b. Principal Product or Service</b> Barge Loading/Unloading	<b>5a. City and State where unit is located:</b> Cincinnati, OH
<b>5b. Description of Unit Involved:</b> Included: See Attachment A Excluded: See Attachment A			<b>6a. Number of Employees in Unit:</b> 12
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 8/15/2018 <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 8/30/2018	<b>11c. Election Time(s):</b> 9:30 am - 10:00am	<b>11d. Election Location(s):</b> Operators Lunch Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Chemical Workers Union Council		<b>12b. Address (street and number, city, State and ZIP code):</b> 1655 West Market St. 6th. Floor Akron, OH 44313	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food and Commercial Workers Union, AFL-CIO, CLC			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Frank Cyphers ICWUC President		<b>13b. Address (street and number, city, State and ZIP code):</b> 1655 West Market St. 6th. Floor Akron, OH 44313	
<b>13c. Tel. No.</b> (330)926-1444	<b>13d. Cell No.</b> (203)464-4593	<b>13e. Fax No.</b> (330)926-0816	<b>13f. E-Mail Address</b> fcyphers@icwuc.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Frank Cyphers	<b>Signature</b> 	<b>Title</b> ICWUC President	<b>Date</b> 08/15/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A

5b.

Included: All full time and regular part time Terminal Operators, Lead Operators and Maintenance workers employed by Kinder Morgan at the above location.

Excluded: All other employees including, professional/managerial, office/clerical, supervisors and guards as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-225852Date Filed  
8-17-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> CAE USA.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> CAE-USA, Inc. 2029 Mission St. Hanger 888 Columbus, OH 43217	
<b>3a. Employer Representative - Name and Title:</b> Carrie Stawski HR and Labor Relations Manager		<b>3b. Address (if same as 2b - state same):</b> 4908 Tampa West BLVD., Tampa FL 33634	
<b>3c. Tel. No.</b> 813-887-1534	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 813-901-6429	<b>3f. E-Mail Address</b> Carrie.Stawski@caemilusa
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Government Contractor		<b>4b. Principal Product or Service</b> Flight Simulation	<b>5a. City and State where unit is located:</b> Columbus Ohio
<b>5b. Description of Unit Involved:</b> Included Fulltime and regular part time Simulator Tech II, Tech III, Site Focal and Pilot Instructor  Excluded: Office Clerical, Professional, Managerial, guards and supervisors as defined in the act.			<b>6a. Number of Employees in Unit:</b> 4
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> August 14, 2018 <b>and Employer declined recognition</b> on or about (Date) August 15, 2018 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> NO If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 8/17/2018	<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> Rickenbacker Air National Guard Hanger 888	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Machinists and Aerospace Workers, AFL-CIO, District 54		<b>12b. Address (street and number, city, State and ZIP code):</b> IAMAW 26 Court Street, Suite1710, Brooklyn N.Y. 11242	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers, AFL/CIO			
<b>12d. Tel. No.</b> 646-926-2910	<b>12e. Cell No.</b> 513-768-2313	<b>12f. Fax No.</b> 646-902-5720	<b>12g. E-Mail Address</b> ekuss@iamaw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Edward J. Kuss Grand Lodge Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> IAMAW 26 Court Street, Suite1710, Brooklyn N.Y. 11242	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 513-768-2313	<b>13e. Fax No.</b> 716-684-2584	<b>13f. E-Mail Address</b> ekuss@iamaw.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Edward J. Kuss	<b>Signature</b> Edward J. Kuss		<b>Title</b> Grand Lodge Representative
			<b>Date</b> 8/17/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary;



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**09-RC-227717**

Date Filed  
**SEPTEMBER 20, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> FOUR ROSES BOTTLING FACILITY		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 624 Lotus Dr KY Shepherdsville 40165-7300	
<b>3a. Employer Representative - Name and Title</b> COREY BALLARD		<b>3b. Address</b> (If same as 2b - state same) 624 Lotus Dr KY Shepherdsville 40165-7300	
<b>3c. Tel. No.</b> (502) 543-2264	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> CBALLARD@FOURROSESBOURBON.COM
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Beverages (Alcoholic)		<b>4b. Principal product or service</b> BOURBON	
<b>5a. City and State where unit is located:</b> Shepherdsville, KY		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 17	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/20/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> 10/05/2018	<b>11c. Election Time(s):</b> 3:00PM -4:00PM	<b>11d. Election Location(s):</b> BREAK ROOM
------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-------------------------------------------------	-------------------------------------------------

<b>12a. Full Name of Petitioner</b> (including local name and number) KEVIN SALSMAN UFCW LOCAL 230	<b>12b. Address</b> (street and number, city, state, and ZIP code) 3940 OLYMPIC BLVD SUITE 340 KY FRI LINGER 41018-
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

**12c.** Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
UFCW INTERNATIONAL UNION

<b>12d. Tel. No.</b> (270) 401-6248	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (859) 282-0809	<b>12g. E-Mail Address</b> KSALSMAN@UFCW.ORG
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address</b> (street and number, city, state, and ZIP code)
----------------------------	--------------------------------------------------------------------

<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name</b> (Print) KEVIN SALSMAN	<b>Signature</b> KEVIN SALSMAN	<b>Title</b> ORGANIZER	<b>Date</b> 09/20/2018 15:12:39
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RC-227717	Date Filed SEPTEMBER 20, 2018

Employees Included

REGULAR FULL TIME WORKERS IN BOTTLING FACILITY

Employees Excluded

ALL SALARIED, TEMPORARY, QUALITY ASSURANCE, SECURITY AND CLERICAL  
OR CONFIDENTIAL EMPLOYEES AS DEFINED BY THE ACT



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

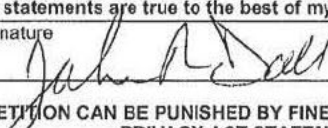
09-RC-232235

Date Filed

12-6-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Keurig Dr. Pepper		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3131 Transportation Rd., Dayton, OH 45404	
<b>3a. Employer Representative - Name and Title:</b> Matt Berberich, Branch Manager		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 937-236-0333	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 937-236-9324	<b>3f. E-Mail Address</b> matt.berberich@dpsg.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Distribution Center		<b>4b. Principal Product or Service</b> Beverages	
<b>5a. City and State where unit is located:</b> Dayton, Ohio		<b>5b. Description of Unit Involved:</b> Included: see attached Excluded: see attached	
<b>6a. Number of Employees in Unit:</b> 3		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: _____		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> see attached		<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 13357, Dayton, Ohio 45414	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 937-278-5781	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 937-278-7577	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> John R. Doll, Attorney for the Union		<b>13b. Address (street and number, city, State and ZIP code):</b> Doll, Jansen & Ford, 111 W. First St., Suite 1100, Dayton, OH 45402-1156	
<b>13c. Tel. No.</b> 937-461-5310	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 937-461-7219	<b>13f. E-Mail Address</b> jdoll@diflawfirm.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> John R. Doll	<b>Signature</b> 	<b>Title</b> Attorney for the Union	<b>Date</b> 11/30/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



RC Petition

General Truck Drivers, Warehousemen, Helpers, Sales and Service, and Casino Employees,  
Teamsters Local Union No. 957

and

Keurig Dr. Pepper

5B – Description of Unit Involved

Included

All full-time and regular part-time Vending Utility employees including Equipment Mover Operators/Service Technicians and Service Technicians employed by the Employer at its Dayton, Ohio facility

Excluded

All office clerical employees, professional employees, and guards and supervisors as defined in the Act and all other employees.

12A – Full Name of Petitioner

General Truck Drivers, Warehousemen, Helpers, Sales and Service, and Casino Employees,  
Teamsters Local Union No. 957

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

09-RC-232288

12/6/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sherwood Food Distributors		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12499 Evergreen Road, Detroit, MI 48228	
3a. Employer Representative - Name and Title Colleen Donehue - Human Resources		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 313-659-7317	3d. Cell No. unknown	3e. Fax No. 313-659-7417	3f. E-Mail Address cdonehue@sherwoodfoods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesale Food Distribution		4b. Principal product or service Route delivery & transportation of food products	
5b. Description of Unit Involved Included: Route & Shuttle Drivers working in Huntington, WV Excluded: none		5a. City and State where unit is located: Huntington, WV	
		6a. No. of Employees in Unit: 10	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/28/18 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A		8b. Address N/A	
8c. Tel No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of labor organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): N/A	11c. Election Time(s): N/A	11d. Election Location(s): N/A
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12a. Full Name of Petitioner (including local name and number)  
Retail, Wholesale and Department Store Union, Local 21

12b. Address (street and number, city, state, and ZIP code)  
P.O. Box 7991, Huntington, WV 25779

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Retail, Wholesale and Department Store Union

12d. Tel No. 212-684-5300	12e. Cell No. N/A	12f. Fax No. N/A	12g. E-Mail Address N/A
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Dennis Look - International Rep.

13b. Address (street and number, city, state, and ZIP code)  
16 Township Rd. 1174, Proctorville, OH 45669

13c. Tel No.  
740-886-5795

13d. Cell No.  
740-302-5440

13e. Fax No.  
N/A

13f. E-Mail Address  
dlook1174@cs.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Dennis K. Look

Signature [Signature]

Title International Representative

Date 12/1/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.